

|   |   |   |   |                             |  |          |  |                            |   |          |  |          |                                       |                                  |   |   |
|---|---|---|---|-----------------------------|--|----------|--|----------------------------|---|----------|--|----------|---------------------------------------|----------------------------------|---|---|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |   | Docket Number (Optional)<br>22221/1160 (RU-339) |   |                             |  |          |  |                            |   |          |  |          |                                       |                                  |   |   |
| <b>CERTIFICATE OF MAILING</b><br>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.<br><br>Signature: _____<br>Name: _____  | In re Application of O'Donnell et al.<br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">           Application Number 10/672,638         </td> <td style="width: 40%; padding: 5px;">           Filed<br/>           September 26, 2003         </td> </tr> <tr> <td colspan="2" style="padding: 5px;">           For BACILLUS STEAROTHERMOPHILUS POLC POLYMERASE SUBUNIT AND USE THEREOF         </td> </tr> <tr> <td style="padding: 5px;">           Group Art Unit 1652         </td> <td style="padding: 5px;">           Examiner Richard G. Hutson         </td> </tr> </table> |   | Application Number 10/672,638   | Filed<br>September 26, 2003 | For BACILLUS STEAROTHERMOPHILUS POLC POLYMERASE SUBUNIT AND USE THEREOF            |          | Group Art Unit 1652  | Examiner Richard G. Hutson |   |          |  |          |                                       |                                  |   |   |
| Application Number 10/672,638   | Filed<br>September 26, 2003   |   |   |                             |  |          |  |                            |   |          |  |          |                                       |                                  |   |   |
| For BACILLUS STEAROTHERMOPHILUS POLC POLYMERASE SUBUNIT AND USE THEREOF   |   |   |   |                             |  |          |  |                            |   |          |  |          |                                       |                                  |   |   |
| Group Art Unit 1652   | Examiner Richard G. Hutson  |   |   |                             |  |          |  |                            |   |          |  |          |                                       |                                  |   |   |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460)</td> <td style="text-align: right;">\$460.00</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230)</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; text-align: center;">         _____<br/>         /Georgia Evans/<br/>         Signature       </td> <td style="width: 50%; text-align: center;">         _____<br/>         August 21, 2008<br/>         Date       </td> </tr> <tr> <td style="width: 50%; text-align: center;">         _____<br/>         Georgia Evans<br/>         Typed or printed name       </td> <td style="width: 50%; text-align: center;">         _____<br/>         (312) 425-8565<br/>         Telephone Number       </td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> |   |   | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) | \$ _____                    | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460) | \$460.00 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050) | \$ _____                   | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230) | \$ _____ | _____<br>/Georgia Evans/<br>Signature | _____<br>August 21, 2008<br>Date | _____<br>Georgia Evans<br>Typed or printed name | _____<br>(312) 425-8565<br>Telephone Number |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)   | \$ _____  |   |   |                             |  |          |  |                            |   |          |  |          |                                       |                                  |   |   |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460)  | \$460.00  |   |   |                             |  |          |  |                            |   |          |  |          |                                       |                                  |   |   |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050)  | \$ _____  |   |   |                             |  |          |  |                            |   |          |  |          |                                       |                                  |   |   |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640)   | \$ _____  |   |   |                             |  |          |  |                            |   |          |  |          |                                       |                                  |   |   |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230)  | \$ _____  |   |   |                             |  |          |  |                            |   |          |  |          |                                       |                                  |   |   |
| _____<br>/Georgia Evans/<br>Signature   | _____<br>August 21, 2008<br>Date  |   |   |                             |  |          |  |                            |   |          |  |          |                                       |                                  |   |   |
| _____<br>Georgia Evans<br>Typed or printed name   | _____<br>(312) 425-8565<br>Telephone Number   |   |   |                             |  |          |  |                            |   |          |  |          |                                       |                                  |   |   |
| <input checked="" type="checkbox"/> Total of one (1) form is submitted.   |   |   |   |                             |  |          |  |                            |   |          |  |          |                                       |                                  |   |   |

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